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CONFIRMATION NO. 8351

<b>SERIAL NUMBER</b> 10/676,902	<b>FILING OR 371(c) DATE</b> 10/01/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 10274.200-US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/491,131 07/29/2003 and claims benefit of 60/417,733 10/09/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2003 01096 07/22/2003  
 DENMARK PA 2002 01459 10/01/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Karen G. Jones</u> Examiner's Signature	<u>KG</u> Initials			

**ADDRESS**

25908

**TITLE**

FAMILY GH 61 POLYPEPTIDES

<b>FILING FEE RECEIVED</b> 1386	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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